

**FORM A****LOCAL PUBLIC HEALTH COSTS****I. ANIMAL RABIES CASE HISTORY FORM**

1. Public health laboratory: \_\_\_\_\_

2. Animal species: \_\_\_\_\_

3. Date animal found (mm/dd/yy): \_\_\_\_\_

4. Date test result reported (mm/dd/yy): \_\_\_\_\_

5. Laboratory test results:

☐ Positive

☐ Unsatisfactory

☐ Pending

☐ Not done

6. Type of animal:

☐ Pet

☐ Livestock

☐ Stray

☐ Wild

7. Cause of death:

☐ Euthanized

☐ Died in quarantine

☐ Killed (Describe \_\_\_\_\_)

8. Clinical impression:

☐ Dumb rabies

☐ Furious rabies

☐ Found dead

☐ Unknown

9. Other animals exposed:
- ☐ Bitten  
☐ Direct contact  
☐ Unknown

10. Number of other animals exposed: \_\_\_\_\_

11. Number of humans exposed: \_\_\_\_\_

12. Type of attack:
- ☐ Unprovoked  
☐ Provoked  
☐ Unknown

## II. COSTS TO LOCAL GOVERNMENT

1. What animal control agencies were involved in this incident? List names and addresses of all agencies involved:

\_\_\_\_ No record of this incident at the animal control agency (**Skip to LABORATORY COSTS**)

Agency Name	City	County

2a) Describe all animal control agency employees (e.g., officer, veterinarian, clerical) involved and their activities related to this exposure, including time spent on this case and the employees' salaries at the time.

Employee Type	Activities	Time Spent (specify hours or days)	Salary (specify hourly or monthly)

2b) Total person-hours: \_\_\_\_\_ person-hours

2c) Total estimated salary: \$ \_\_\_\_\_

3. List total person-hours spent by animal control agency employees on each specific activity, if known:

<u>Activity</u>	<u>Person-hours</u>
(a) Phone calls	_____
(b) Capture of animal	_____
(c) Euthanasia of animal	_____
(d) Quarantine of animal	_____
(e) Delivery of animal to laboratory	_____
(f) Other activity	_____
(specify: __)	_____

4a) Were any animal control employees exposed to this rabid or possibly rabid animal?

( ) Yes      ( ) No      ( ) Unknown

4b) If *Yes*, please describe (include any rabies post-exposure treatment that was administered):

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5a) Did an animal control agency employee euthanize the animal involved in the exposure?

☐ Yes      ☐ No      ☐ Unknown

5b) If *Yes*, what was the direct cost of the procedure? \$ \_\_\_\_\_

6a) Did the animal control agency administer any animal quarantines relating to this exposure?

☐ Yes      ☐ No      ☐ Unknown

6b) Describe:

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6c) \_\_\_\_\_ \$ Total cost for quarantine

7. Describe any other costs to animal control agencies due to this incident (include dollar amounts).

_____	\$ _____
_____	\$ _____
_____	\$ _____

## LABORATORY COSTS

8a) Was the animal involved in this incident tested at a public health laboratory?

\_\_\_\_ No record of this incident at Animal Control (**Skip to VETERINARY COSTS**)

Agency Name	City	County

8b) What were the direct costs of the test? \$ \_\_\_\_\_

9a) Describe all public health laboratory employees involved and their activities related to this exposure, including time spent on this case and the employees' salaries at the time.

9b) Total person-hours: \_\_\_\_\_ person-hours

9c) Total estimated salary: \$ \_\_\_\_\_

10a) Were any laboratory employees exposed to this rabid or possibly rabid animal?

( ) Yes      ( ) No      ( ) Unknown

10b) If *Yes*, please describe (include any rabies post-exposure treatment that was administered):

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11. Describe any other costs to public health laboratories due to this incident (include dollar amounts).

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 \$ \_\_\_\_\_  


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 \$ \_\_\_\_\_  


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 \$ \_\_\_\_\_

**PUBLIC HEALTH**

12. What other local, state, or federal public health agencies were consulted regarding this incident (exclude animal control agencies and public health laboratories)? List name and addresses of all agencies involved:

\_\_\_\_ No record of this incident at a public health laboratory (**Skip to VETERINARY COSTS**)

Agency Name	City	County

13a) Describe all public health employees (e.g., health officer, public health nurse, clerk) involved and their activities related to this exposure, including time spent on this case and the employees' salaries at the time. Do not include laboratory employees.

Employee Type	Activities	Time Spent (specify hours or days)	Salary (specify hourly or monthly)

13b) Total person-hours: \_\_\_\_\_ person-hours

13c) Total estimated salary: \$ \_\_\_\_\_

14a) Were any public health agency employees exposed to this rabid or possibly rabid animal?

( ) Yes      ( ) No      ( ) Unknown

14b) If *Yes*, please describe (include any rabies post-exposure treatment that was administered):

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15. Were any special public health actions taken due to this incident (e.g., press release, medical alert, neighborhood notification, etc.)? Please describe including estimated costs.

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 \$ \_\_\_\_\_  


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 \$ \_\_\_\_\_  


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 \$ \_\_\_\_\_

## VETERINARY COSTS

16. Were any veterinary clinics involved in this incident (e.g., consultation, euthanasia, quarantine)?  
List name and addresses of all veterinary clinics involved:

\_\_\_\_ No record of veterinary clinic involvement (**Skip to OTHER COSTS**)

Veterinary Clinic Name	City	County

17a) Describe all veterinary clinic employees (e.g., veterinarian, technician, clerk) involved and their activities related to this exposure, including time spent on this case and the employees' salaries at the time. Do not include animal control, laboratory, or public health employees.

Employee Type	Activities	Time Spent (specify hours or days)	Salary (specify hourly or monthly)

17b) Total person-hours: \_\_\_\_\_ person-hours

17c) Total estimated salary: \$ \_\_\_\_\_

18a) Were any veterinary clinic employees exposed to this rabid or possibly rabid animal?

( ) Yes      ( ) No      ( ) Unknown

18b) If *Yes*, please describe (including if any rabies post-exposure treatment was administered):

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19. Describe any other veterinary costs associated with this incident (include dollar amounts).

_____	\$ _____
_____	\$ _____
_____	\$ _____

## OTHER COSTS

20. Describe any other public costs associated with this incident (include dollar amounts).

_____	\$ _____
_____	\$ _____
_____	\$ _____